

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



March 29, 1978

ALL-COUNTY LETTER NO. 78-10 (Data Mgt.)

TO: ALL COUNTY WELFARE DIRECTORS


SUBJECT: IMMEDIATE NEED FOOD STAMPS RETROACTIVE BENEFIT REPORT (Form TEMP 1191)
AIKEN vs. OBLEDO

REFERENCE:

The attached Aiken vs. Obledo Immediate Need Food Stamp Retroactive Benefit Report (Form TEMP 1191) was developed to comply with the U.S. District Court order in the Aiken vs. Obledo decision. That order requires collection of specific data on the effect of the judgment and required outreach efforts. Procedures for certifying households for retroactive benefits are being sent under separate cover.

The report will be due monthly, from April 1978 through September 1978, with the first report due May 20, 1978. Questions regarding this report (Form TEMP 1191) should be directed to Elaine Moody, Data Management and Analysis Bureau, (916) 322-5462 or (ATSS) 492-5462.

Sincerely,


R. E. REACH
Deputy Director

Attachment

cc: CWDA

AIKEN vs. OBLEDO

RETROACTIVE BENEFIT REPORT - IMMEDIATE NEED FOOD STAMPS

(Form Temp 1191)

CONTENT

This report provides monthly statistical information concerning the impact of the Aiken vs. Obledo court decision. This decision made retroactive benefits for immediate need food stamps available to those households adversely affected by the following regulation which was invalidated by the court.

Div. 63 63-2315.

This regulation required one collateral contact to confirm the applicant's statements when immediate need certification was done pending verification. Also, this regulation limited the use of the certification pending verification procedure to once in a six-month period.

PURPOSE

The data collection is necessary to comply with the court order in the Aiken vs. Obledo decision.

DISTRIBUTION OF REPORTED INFORMATION

Data from this report will be compiled and released for distribution to the Food and Nutrition Service (FNS) as required by court order. The report will also be made available to program managers, county welfare departments, and other interested agencies and individuals.

DUE DATE

The report is to be received monthly on or before the 20th calendar day of the month following the report month. Please retain one copy for county files.
Send one copy to:

Department of Benefit Payments
Data Management and Analysis Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

DEFINITIONS

Application (See Items 2-6 on the report form.)

Refers to the Application for Retroactive Benefits under Aiken vs. Obledo (Form TEMP 1194). Ref: Div. 50-008, Exhibit A.

Notices of Entitlement (See Item 1 on the report form.)

Refers to:

1. Stuffers included in the April 1978 ATP card mailing;
2. Handouts distributed at food stamp issuance offices;
3. Posters displayed in welfare and food stamp offices; and,
4. Information disseminated through the media and food stamp outreach offices.

Retroactive Benefits (See Item 8 on the report form.)

Applies only to cases determined eligible for immediate need food stamp retroactive benefits as a result of the Aiken vs. Obledo decision. All other types of retroactive adjustments should not be included in the report data.

Affidavits Signed Under Penalty of Law (See Item 7 on the report form.)

Households have the opportunity to sign an Affidavit for Retroactive Benefits Under Aiken vs. Obledo (Form TEMP 1195) if they cannot provide verification of income or if the state agency determines the verification is inadequate. Ref.: Div. 50-008, Exhibit B.

INSTRUCTIONS

1. Contacts in response to notices of entitlement. Enter the number of verbal and written inquiries made to the county concerning retroactive benefits resulting from the Aiken vs. Obledo court decision.
2. Applications pending from last month. Enter the number of applications for retroactive benefits pending from last month. The count should equal Item 6 of the previous month's report or explain in the comments section.
3. Applications received during the month. Enter the number of households which signed new applications for retroactive benefits (Form TEMP 1194) during the report month.
4. Total applications on hand during the month. Enter the sum of Item 2 and Item 3.
5. Applications disposed of during the month. Enter the sum of Item 5a and 5b.
 - a. Approved - Enter the number of applications for retroactive benefits approved during the report month.
 - b. Denied - Enter the number of applications for retroactive benefits denied by county action during the report month.
6. Applications pending at end of the month. Enter the number of applications pending at the end of the month. Entry should equal the difference between Item 4 and Item 5.
7. Affidavits signed under penalty of law. Enter the number of households who signed an Affidavit for Retroactive Benefits Under Aiken vs. Obledo (Form TEMP 1195) for purposes of income verification.
8. Total amount of retroactive benefits authorized during the month. Enter the total amount of retroactive benefits (bonus value) authorized during the report month. Include any authorizations resulting from fair hearings.

Aiken vs. Obledo
RETROACTIVE BENEFIT STATISTICAL REPORT
(Temporary)
IMMEDIATE NEED FOOD STAMPS

See one copy to:
Data Management and Analysis Bureau
Department of Benefit Payments
744 P Street, Mail Station 12-81
Sacramento, California 95814

	County	For the month of _____, 19__
Item	Number	
1. Contacts in response to notices of entitlement		
2. Applications pending from last month (Item 6 last month, or explain.)		
3. Applications received during the month		
4. Total applications on hand during the month (Sum of 2 and 3)		
5. Applications disposed of during the month (Sum of a and b, below)		
a. Approved		
b. Denied		
6. Applications pending at end of the month (4 minus 5)		
7. Affidavits signed under penalty of law during the month.		
8. Total amount of retroactive benefits authorized during the month	\$ _____	

Comments

Person to contact regarding this form.	Telephone ()	Date
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